PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10786710

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			SG				Г	RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUME	BER EXTRA		BASIC FEE	385.00	OR	BAȘIC FEE	770.00
TC	TAL CHARGE	ABLE CLAIMS	SC minus 20=		*36	>		X\$ 9=		OR	X\$18=	324
IND	DEPENDENT C	LAIMS	(& mi	nus 3 =	* 13			X43=		OR	X86=	589
ΜL	ILTIPLE DEPEI	NDENT CLAIM P	RESENT					+145=	-	OR	+290=	,
* If	the difference	in column 1 is	less than ze	ero, enter	"0" in d	column 2	L	TOTAL		OR	TOTAL	1268
	C	L ALMS AS A	MENDER	ENDED - PART II				TOTAL		JOH	OTHER	
		(Column 1)		(Colun	nn 2)	(Column 3)		SMALL E	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* (#).60°	Minus	***		=		X43=		OR	X86=	
L	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		┇	+145=			+290=	
·								TOTAL	_	OR	TOTAL	
(Column 1) (Column 2) (Column 3)								DDIT. FEE	•	OR	ADDIT. FEE	
		(Column 1) CLAIMS		HIGH		(Column 3)	1 _		ADDI-	1	1	ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		= .		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							4.15			.000	
							L	+145= TOTAL		OR	+290=	•
								DOIT. FEE		OR ,	TOTAL ADDIT. FEE	
	•	(Column 1) CLAIMS		(Colum		(Column 3)		•				
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		ı		
* 14	* If the ntry in column 1 is less than the ntry in column 2, write "0" in column 3.									OR	+290=	
** !	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								·	OR ,	TOTAL ADDIT. FEE	
i	he "Highest Num	ber Previously Paid	For" (Total or	Independe	nt) is the	highest number	r fouņc	f in the appr	opriate box	in col	ımn 1.	